Clinical Audit Annual Report 2023/24

Best placed to *care*, the *best* place to *work*

Executive Summary

South East Coast Ambulance Service NHS Foundation Trust (the Trust) is committed to delivering outstanding clinical care that delivers the best possible patient outcomes.

Clinical Audit is a quality improvement process that seeks to improve patient care and outcomes, through systematic measurement against explicit criteria and the implementation of any necessary change. It forms an integral part of the clinical governance framework through which the Trust is accountable for continually improving the quality of the services and safeguarding high standards of care, by creating an environment in which clinical care excellence will flourish.

Health Records play a key role in ensuring that Trust generated patient records are accurate, clear, and available, and the Health Records Team provide an essential function ensuring clinical records are accurate, secure and available when required, a service that is relied upon across the wider organisation. This year, the Health Records Team successfully implemented a new technical solution for clinical records scanning and validation, and have increased their functionality regarding electronic clinical records management.

This report presents an overview of both departments (Clinical Audit and Health Records) activities between 01 April 2023 and 31 March 2024 to provide the Trust Board, Commissioners, internal and external stakeholders, and the public with an overview of the safety and effectiveness of clinical care and health record availability. The teams are committed to raising the profile of Clinical Audit and Health Records within the Trust and are dedicated in their aim that the annual Clinical Audit and Health Records programmes be a valuable resource in the Trust's aim to improve patient outcomes and experience.

The teams have made significant strides in performance 2023/24, embracing technology to automate processes, supported by an internal reconfiguration equipped to better support the needs of operational colleagues and stakeholders to manage clinical performance data and translate these into performance and quality improvement developments for the benefit of colleagues and the communities served.

Introduction

Oversight

The Trust Board is accountable for Clinical Audit and Health Records, with the Chief Medical Officer maintaining overall responsibility for the Clinical Audit and Health Records function of the Trust. Throughout 2023/24, progress in achieving the Clinical Audit and Health Records Plan (CAP) was monitored through various groups including the Clinical Audit and Quality Sub-Group (CAQSG), the Medicine's Governance Group and the Quality Clinical Governance Group (QCGG), whilst also reporting to the Trust Board via the Quality and Patient Safety Committee (QPSC).

Clinical Audit was coordinated by a team comprising a Clinical Audit and Service Improvement Manager, Clinical Information and Audit Analysts, a fixed term and part time PGD Clinical Information and Audit Analyst, a Cardiac Arrest Analyst, and a Clinical Audit Administrator. The Health Records Team was co-ordinated by a Health Records Manager and a Health Informatics Support Worker. The Clinical Audit and Health Records department was overseen by the Clinical Audit and Service Improvement Lead. This year the teams experienced significant capacity shortages due to staff vacancies and long-term sickness. This did not affect the performance on statutory auditing requirements, however.

Devising the Clinical Audit Programme

In 2001, the US Institute of Medicine set out six domains that contribute towards creating high quality care. These domains have been adopted by health and social care organisations across the world as a framework to understand quality measures and to drive quality improvement.

Safe — Avoiding harm or injury to service users.	**Efficient** — Avoiding waste of equipment, supplies ideas and energy.
Timely — Reducing waits and harmful delays for staff and patients.	**Equitable** — Does not vary because of location or characteristics.
Effective — Based on scientific knowledge for all who could benefit.	**Person Centred** — Respectful of individual needs and preferences.

These are the six domains that the Clinical Audit Team have been guided by in the development of the Trusts 2023/24 Clinical Audit Programme. An organisation that excels in each of these domains will provide care that is safer, more reliable, more responsive, more integrated, and available when required.

The 2023/24 programme was developed following:

a) Engagement with internal and external stakeholders, who were invited to suggest specific conditions or care pathways they would like the Trust to include in the plan. This was via internal communications.

b) A review of all Serious Incidents (SIs) to identify any potential clinical care concerns or trends of specific incidents, and direct reccomendations from the PSIRF lead.

c) A review of the National Institute for Health and Care Excellence (NICE) guidelines, JRCALC guidance database, Clinical Bulletins and the Key Skills Curriculum to identify new or amended guidelines which the Trust should consider including in its plan.

d) A review of historical audits that require re-audit subject to implementation of recommendations.

e) A review of the National Clinical Audits that are mandated for English ambulance services. This process involved the use of a data collection form, with an integrated scoring system that enabled the prioritisation of audit topics. Data in the form was also cross-referenced with identifiers from the Trust's clinical incident reporting and risk management system to evidence the requirement for each audit topic.

Types of Clinical Audit

Three types of Clinical Audit were undertaken in 2023/24:

- Comprehensive Clinical Audits – these examine, in detail, patient care and adherence to guidelines across the Trust. Comprehensive audits may involve the collection of data for a period of one year or more.

- Collaborative Clinical Audits - The Trust recognises and values the importance of working collaboratively with other NHS Trusts and benchmarking clinical care and performance with other ambulance services. As such, the Trust continues to participate in national ambulance clinical audit initiatives and NHS England Ambulance Clinical Quality Indicators (ACQI) along with continued participation in National Confidential Enquiries and other national clinical audit projects as required.

- Snapshot Clinical Audit – these examine patient care and adherence to guidelines across the Trust. Snapshot audits involve the collection of data for a set period providing a concise report to establish levels of care in order to decide whether a more detailed audit is required.

Delivering the Clinical Audit Programme

Each audit is classified into one of three levels:

- Level 1, external 'must-do' audits are required by external agencies. They may form part of the Trusts contractual arrangements with NHS England, Commissioners, or other external parties. Level 1 audits typically involve continuously assessing and improving the quality of care provided in some of our highest risk areas.

- Level 2, internal 'must-do' audits seek to examine and improve organisational risks. These risks might have emerged through incidents, near misses or evidence of poor quality. Some of our Level 2 audits will involve continuous measurement to provide continuous assurance and improvement.

- Level 3, best practice, or local interest audits seek to examine and improve organisational issues that are low risk. Scoring indicated that these topics were a lower priority. Level 3 audits are completed if there is a voluntary offer of resource or if the Clinical Audit Team has spare resource.

Level 1 Audits

Level 1 clinical audits have data collected on a monthly basis. All Level 1 audits are National Clinical Outcome Indicators (COIs). These are reported to NHS England each month and measure the quality of services provided. They allow national ambulance services to benchmark themselves against one another and improve quality where necessary. The national clinical indicators are comprised of patients who present with ST elevation myocardial infarction (STEMI; a type of heart attack), a stroke or cardiac arrest.. The national COIs are:

- Cardiac Arrest – Return of Spontaneous Circulation (All Cases)

- Cardiac Arrest – Return of Spontaneous Circulation (Utstein Group*)

- Cardiac Arrest - Survival to Discharge (All Cases)

- Cardiac Arrest – Survival to Discharge (Utstein Group*)

- ST Elevation Myocardial Infarction (STEMI) – Delivery of Care Bundle

- ST Elevation Myocardial Infarction (STEMI) – Timeliness Measure

- Stroke – Delivery of Diagnostic Bundle

- Stroke – Timeliness Measure

- Falls – Delivery of Care Bundle (pilot only)

- Cardiac Arrest Post-ROSC – Delivery of Care Bundle

*The Utstein Group relates to patients where the arrest was: cardiac in origin, bystander witnessed and the initial cardiac rhythm was VF/VT.

The national clinical audits the Trust continued to participate in are listed below:

- Out of Hospital Cardiac Arrest Outcomes (OHCAO) – Warwick Clinical Trials Unit

- Sentinel Stroke National Audit Programme (SSNAP) – King's College London

- Myocardial Ischaemia National Audit Project (MINAP) – National Institute for Cardiovascular Outcomes Research (NICOR)

Level 1 Audit Summaries

- Cardiac Arrest – Return of Spontaneous Circulation at hospital is 1% above the national average.
- Cardiac Arrest – Return of Spontaneous Circulation at hospital (Utstein Group*) is the same as the national average.
- Cardiac Arrest - Survival to Discharge (All Cases) is 2% above the national average.
- Cardiac Arrest – Survival to Discharge (Utstein Group*) is the same as the national average.
- STEMI care bundle performance is 10% below the national average.
- STEMI call to angiography time mean is 3 seconds slower than the national average.
- STEMI call to angiography 90th centile time is 3 seconds faster than the national average.
- Stroke diagnostic bundle compliance is 1% below the national average.
- Stroke call to door mean time is 6 seconds faster than the national average.
- Stroke call to door median time is 4 seconds faster than the national average.
- Stroke call to door 90th centile time is 9 seconds faster than the national average.
- Sepsis care bundle compliance is no longer collected for a national audit.

Cardiac Arrest

Information on cardiac arrest is presented separately in the Trust's Out of Hospital Cardiac Arrest Annual Report. The development of the 2023/24 Cardiac Arrest Annual Report will commence in July 2024 as there is a three-month data lag nationally on the collection of survival information.

**Return of Spontaneous Circulation (ROSC) after Cardiac Arrest**

Percentage of patients where ROSC was achieved, who, where applicable, received a full bundle of care:
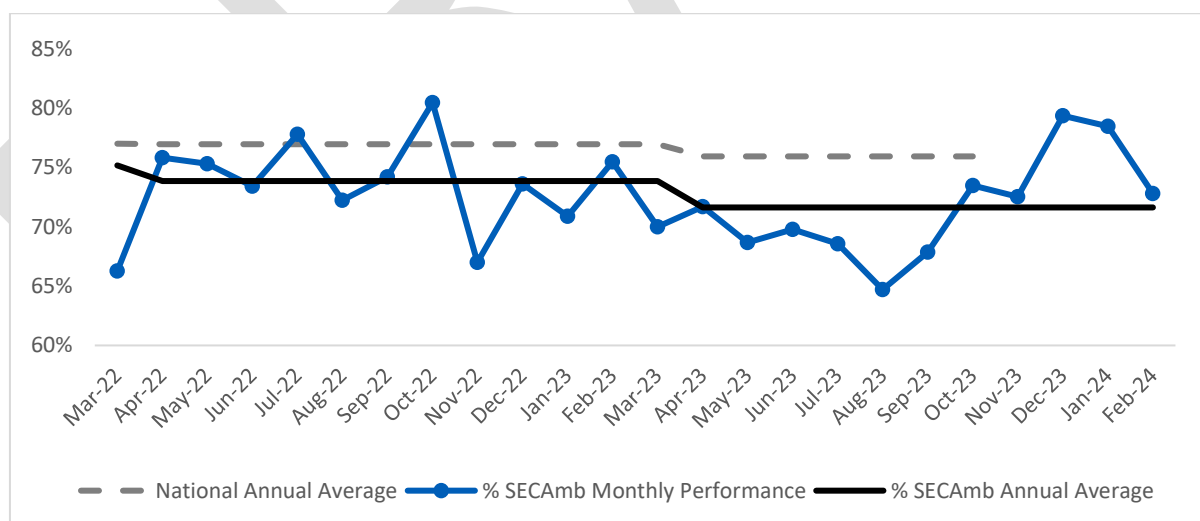
There has been a slight decline in performance between year start and year to date, with variable performance throughout the year. The reporting of the bundle requires clinicians to document the care they've provided. The below figures show that ROSC and patient survival is improving and so it is likely that this dip in performance is due to lack of documentation rather than lack of clinical care.

The Trust is contributing to improvement work at national level, looking at the efficacy and limitation of the care bundle and have worked closely with the Cardiac Arrest Outcome Improvement Board and Operating Units to understand the barriers facing clinicians and await national changes before implementing local improvement work.

ROSC at time of arrival at hospital (all patients):
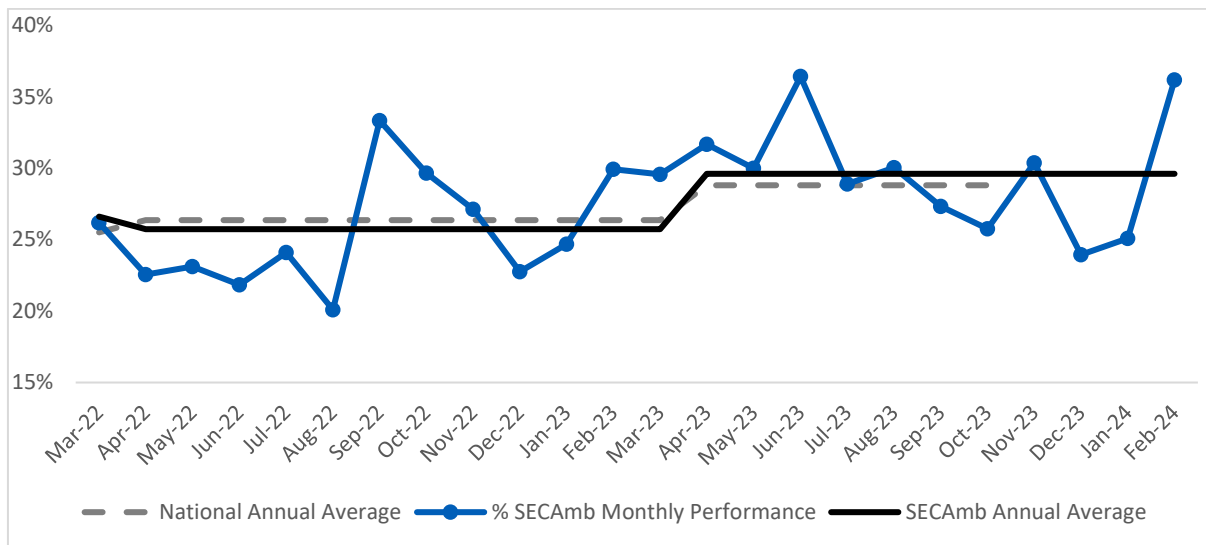
A detailed annual Cardiac Arrest Report was published in 2023/24. The development of the 2024/25 report will commence in July 2024.

ROSC at hospital continues to improve and is now higher than the national average. This provides reassurance that the ROSC care bundle compliance is likely to be a documentation issue and clinical care is improving.
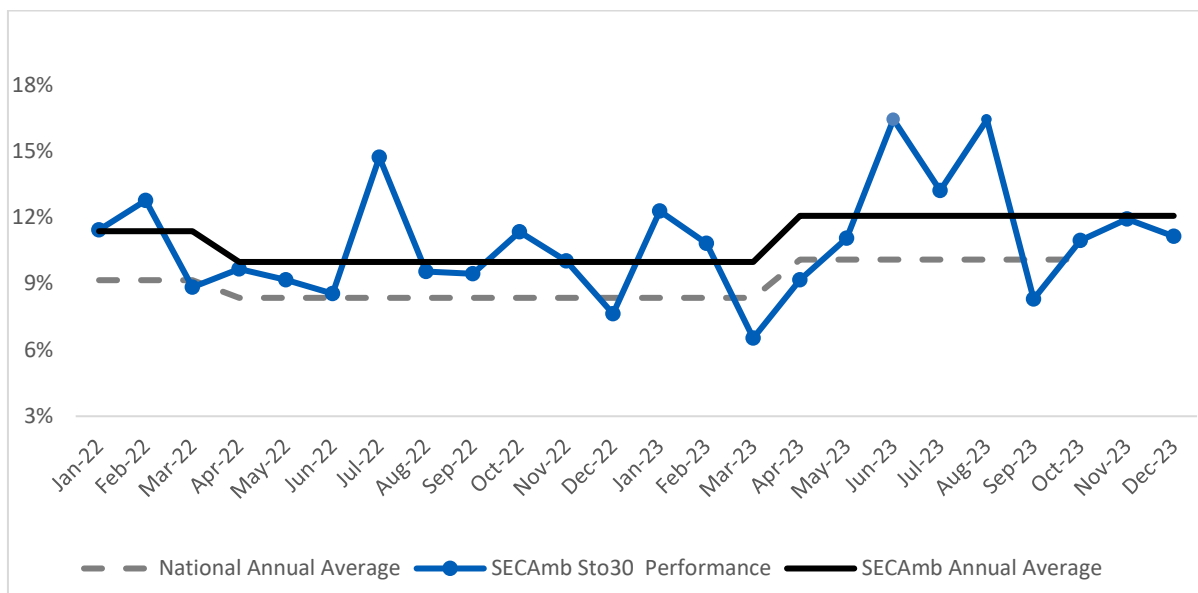
ROSC at time of arrival at hospital (Utstein Comparator Group):
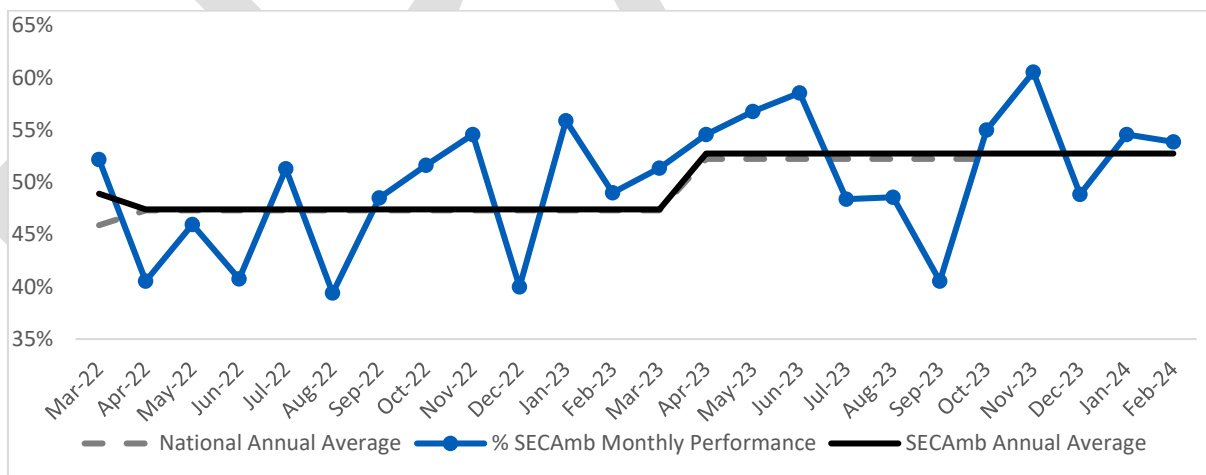
The 'Utstein comparator group' refers to patients who had a bystander witnessed cardiac arrest, in a VF/VT rhythm and cardiac in origin. Therefore, a higher rate of ROSC would be expected. This is a small subset and so variation between months is anticipated, however performance for the year remains within the normal variables and shows improvement aligned to the national picture.

**Survival to 30 days (Sto30) after Cardiac Arrest**

Survival to 30 days after cardiac arrest (all patients):

Performance in respect of this element has remained above the national average from year start to year to date, and the SECAmb year to date average is higher than recorded in 2022/23.

Improvement work continues to be co-ordinated by the Cardiac Arrest Outcome Improvement Programme Board.

Survival to 30 days after the arrest (Utstein Comparator Group):
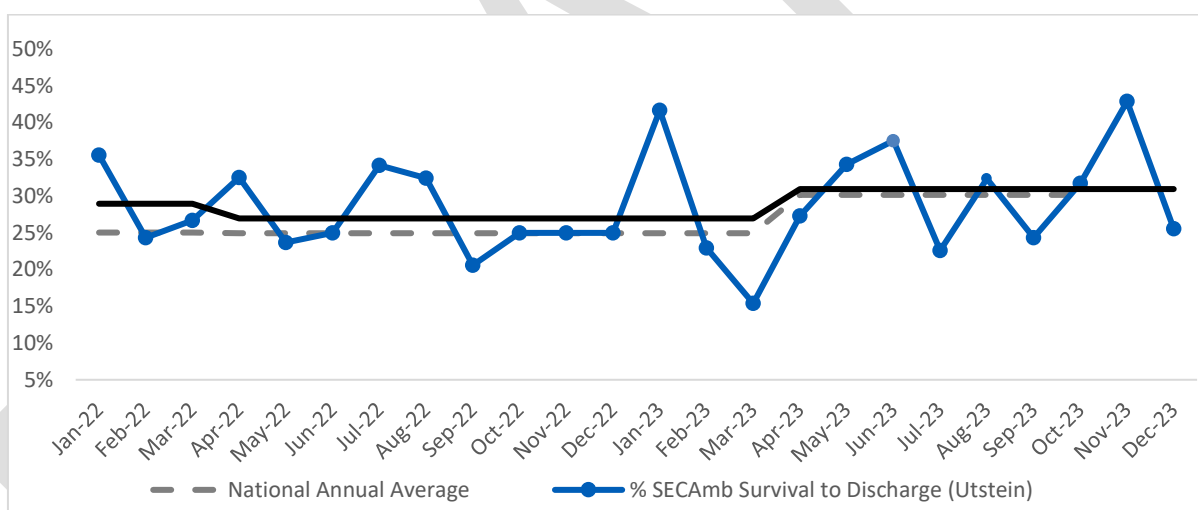
The 'Utstein comparator group' refers to patients who had a bystander witnessed cardiac arrest, in a VF/VT rhythm and cardiac in origin. Therefore, a higher rate of ROSC would be expected.

Due to the nature of the group being reported there is a higher probability of survival.

Performance for the year has improved and remains within the normal national variables for this indicator. There is liable to be a degree of fluctuation due to the small number of incidents eligible for inclusion in this element.

STEMI

The Trust aims to identify and measure its performance in 100% of the ST-elevation myocardial infarctions (STEMI) cases that it attends. The Trust measures the quality of care provided to patients who are suffering a suspected STEMI by the proportion of patients who receive a bundle of care that is shown to improve outcomes for patients for this patient group. The care bundle includes

administration of aspirin, glyceryl trinitrate (GTN), analgesia (pain relief) and recording two pain scores. The most common areas of non-compliance are the administration of analgesia and the documentation of two pain scores. The Trust also records the call to angiography time for patients presenting with a STEMI, this is compared as the mean and the 90th centile against other Trusts. National and timeliness figures are produced in retrospect by NHS England. At the time of production of this report the published figures are up to and including January/February 2024 data. Trust performance for these measures are shown below.

**Outcome from acute ST-elevation Myocardial Infarction (STEMI)**
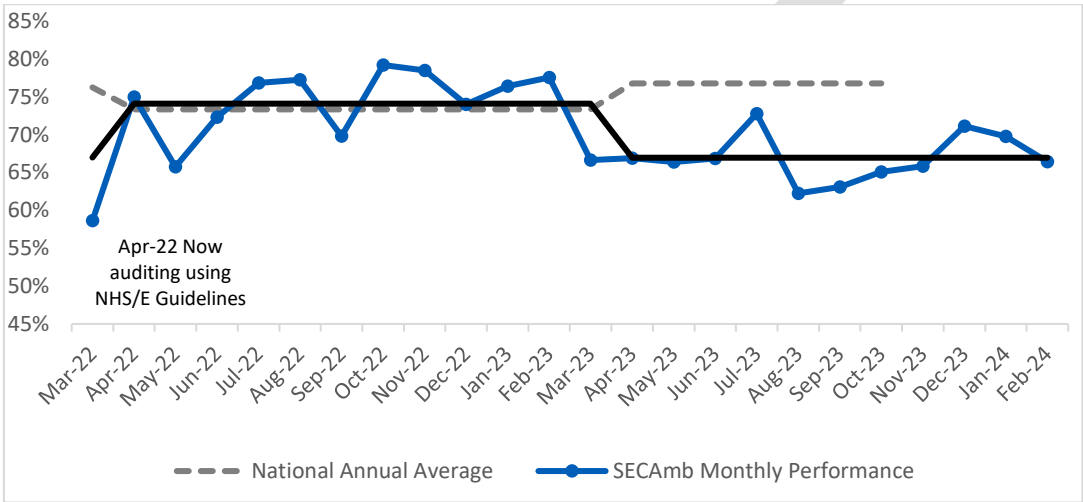
The Trust saw improvement in this care bundle in 2022/23, however this has not been sustained with a performance decline and SECAmb running below national annual averages.

The diagnostic bundle includes administration of aspirin, glyceryl trinitrate (GTN), analgesia (pain relief) and the recording of two pain scores.

The most common areas of non-compliance continue to be the administration of analgesia and the documentation of two pain scores.

Improvement work will focus on joint working partnerships with the OUs to drive improved compliance on analgesia and 2 pain scores.

Mean time from call to angiography for patients with confirmed STEMI:
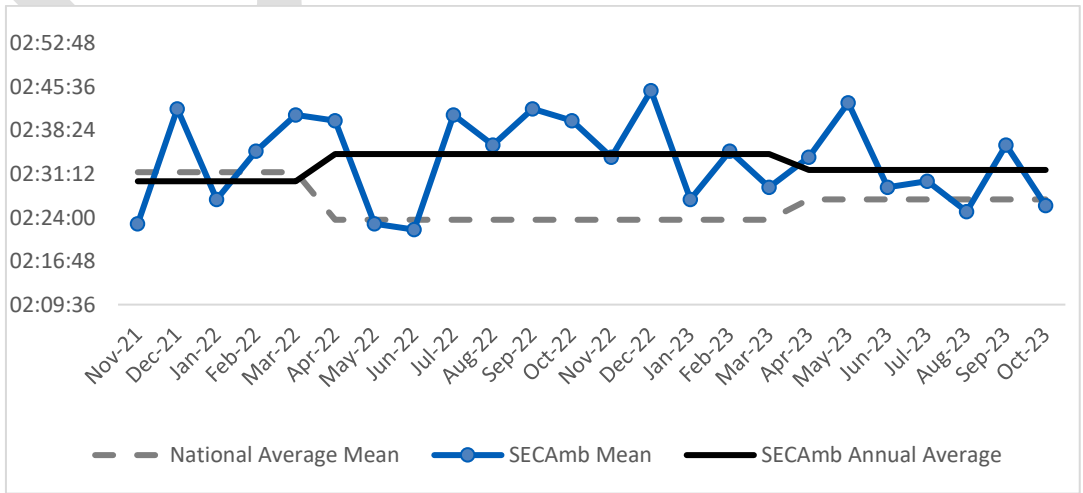
90th centile time from call to angiography for patients with confirmed STEMI:
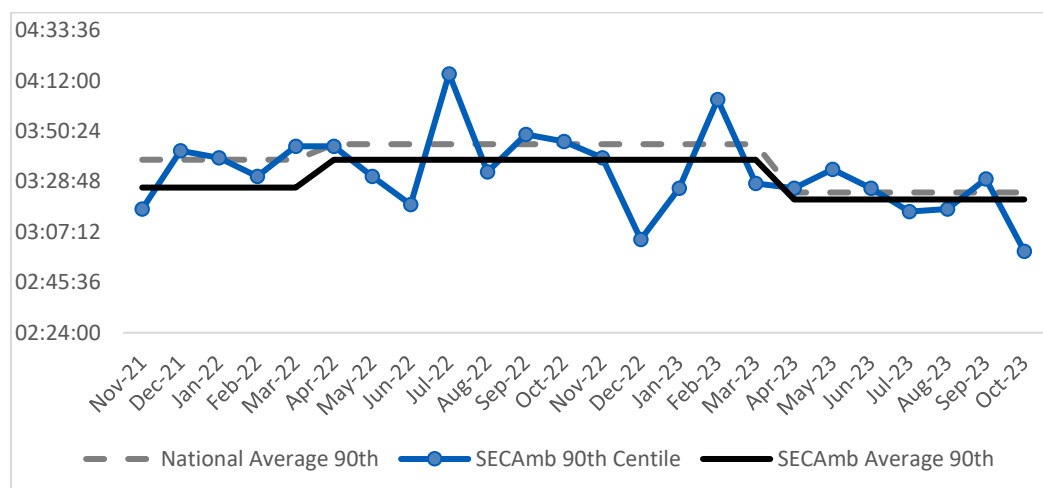
The above graphs for STEMI timeliness indicators show expected levels of variance from year start to year to date.

Trust STEMI mean performance has improved but is currently longer than national averages, which have also improved.

Trust STEMI 90th centile performance has improved and is broadly in line with national averages.

A communication campaign previously took place to focus attention on reducing time on scene for STEMI. Focussed service improvement measures arose out of a detailed audit and service evaluation on STEMI care.

Stroke

The Trust aims to identify and measure its performance in 100% of the stroke cases that it attends. he quality of care provided to patients who are suffering a suspected Stroke is measured by the proportion of patients who receive a diagnostic bundle that is shown to improve outcomes for patients who are suffering from a suspected stroke. The diagnostic bundle includes completing a face, arm, and speech test, testing the patient's blood pressure, and testing the patient's blood glucose level. The most common area of non-compliance is the recording of a blood glucose level. The Trust also records the call to door time for patients suffering from a confirmed stroke as identified by the receiving hospital. This is compared as the mean, median and the 90th centile against other Trusts. National and timeliness figures are produced in retrospect by NHS England. At the time of production of this report the latest NHS England published figures for Stroke timeliness elements are up to and including October 2023 data. The latest audited data completed for the Stroke Diagnostic Bundle is up to and including January 2024. Trust performance in these measures is shown below.

Outcomes from Stroke

The percentage of suspected stroke or unresolved transient ischaemic attack patients, who received the stroke diagnostic bundle:
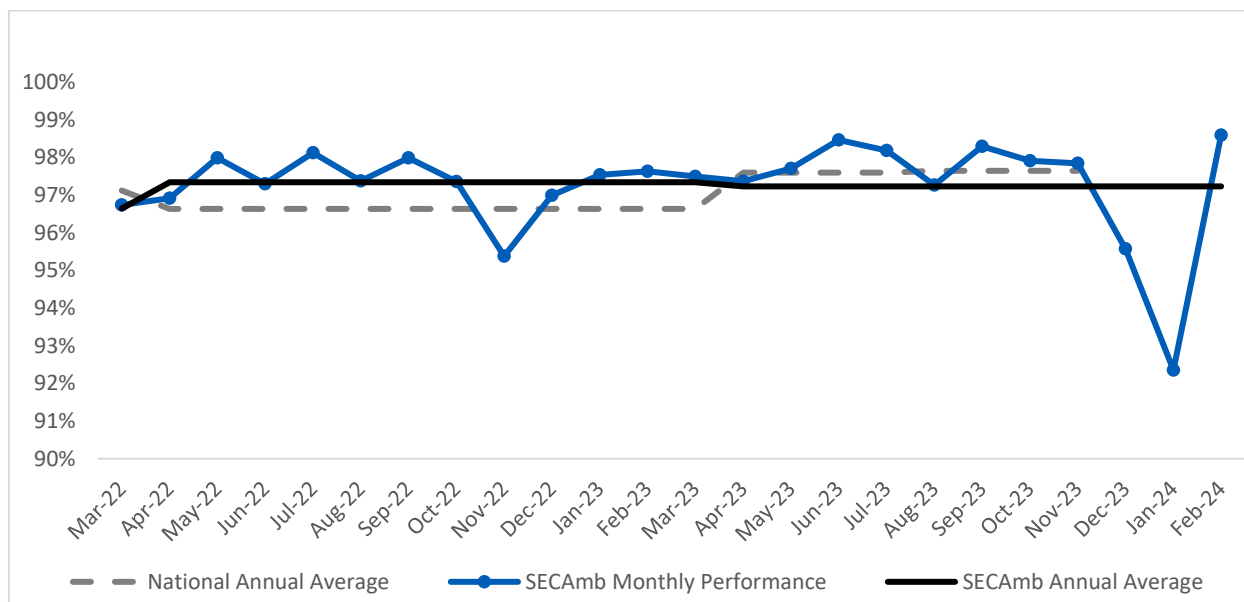
This measure has shown a steep performance drop since November 2023. This is because the team have reported the data using auto-compliance figures (as opposed to manual data analysis) due to staff shortages. Auto-compliance figures are only used for months where data is required for Trust-level reporting.

The team are in the process of recruiting an analyst to replace a staff vacancy. The next NHSE submission (February 2024 data) has been audited as usual and shows audit figures aligned to other months, therefore this will not affect the national audit performance reporting.

Recording of blood glucose (ePCRs & paper PCRs) still has room for improvement, but the recording of a FAST test and a blood pressure has improved.
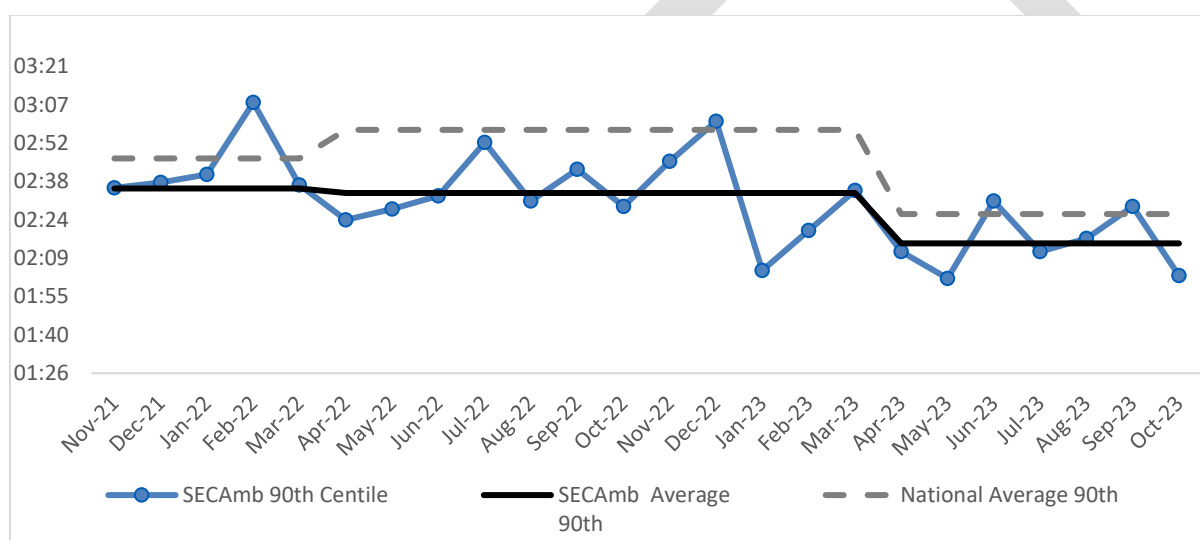
Mean time from call to hospital door for patients with suspected stroke:
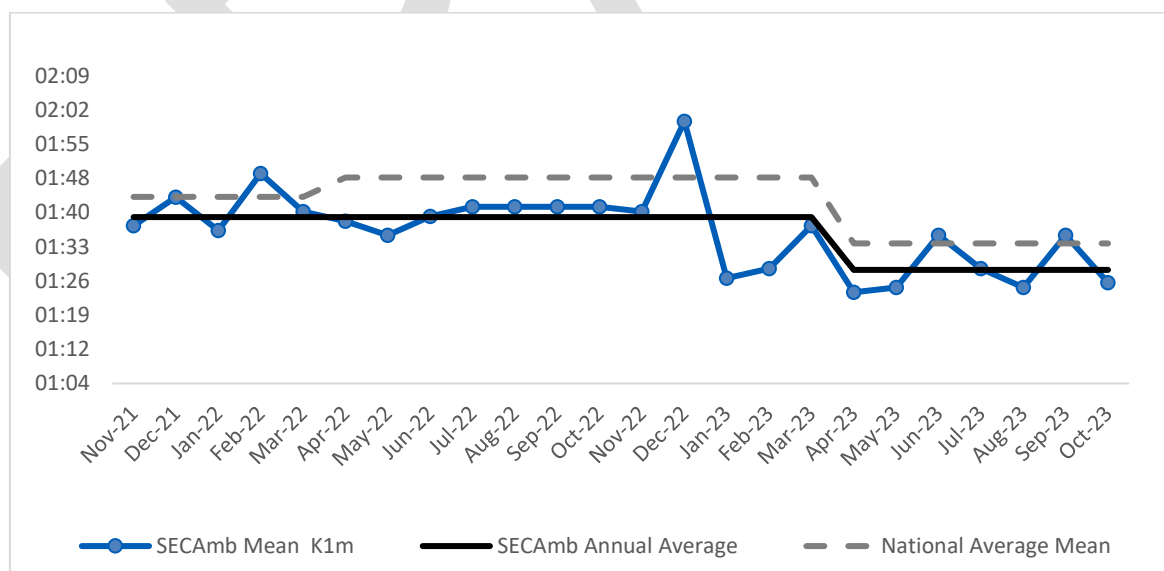
Median time from call to hospital door for patients with suspected stroke:
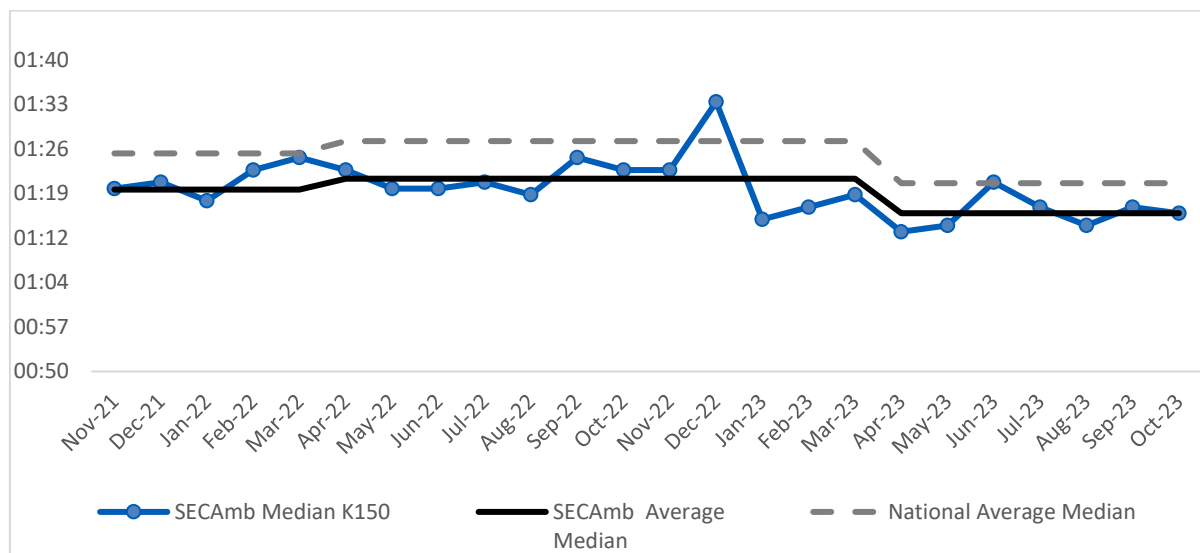
90th centile time from call to hospital door for patients with suspected stroke:

The above graphs, for Stroke timeliness indicators, show performance has improved from year start to year to date.

The introduction of telemedicine for FAST+ (suspected stroke) patients added around 6-7 minutes onto every on-scene time, but correspondingly shortened hospital treatment times by a greater degree after hospital arrival.

The timeliness figures remain faster than the national average.

A service evaluation has been undertaken by University College London which, when published, will help inform some of these information gaps.

Actions that are underway to improve stroke performance include a detailed audit to identify OU (Operational Unit) level performance and data, which will then inform further service improvement initiatives and sharing of best practice.

Sepsis Care Bundle (Internal reporting only):

The number of patients with suspected or confirmed sepsis, who received the sepsis care bundle:
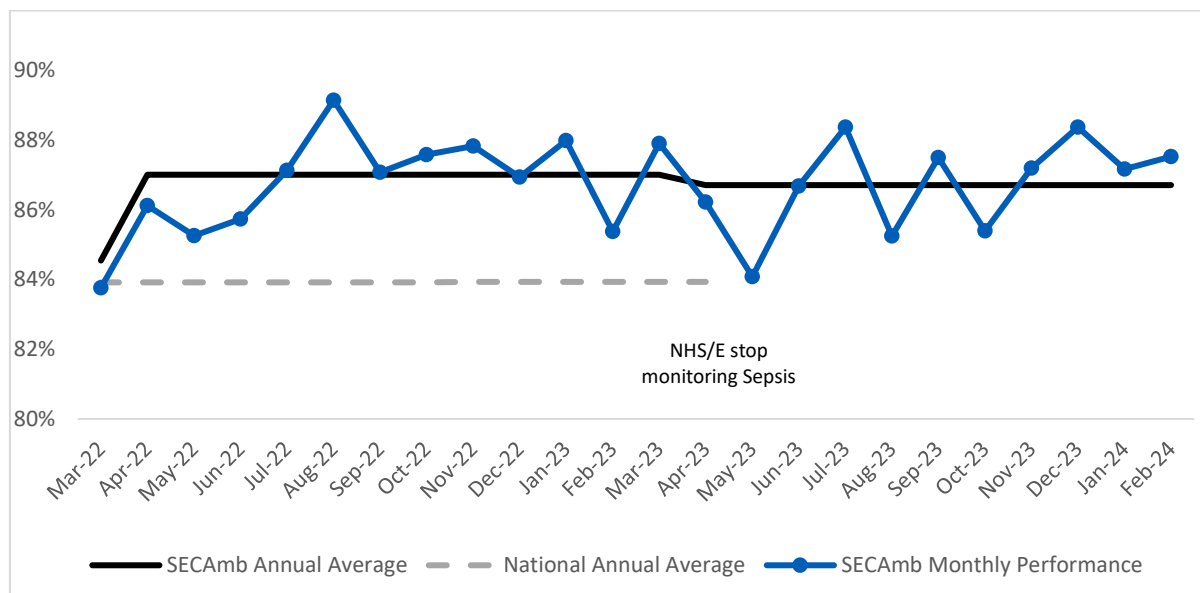
The number of patients with suspected or confirmed sepsis (National Early Warning Score (NEWS2) of 7 or above), who received the sepsis care bundle remained broadly the same compared to 2022/23.

In November 2022, NHS England advised no further submission was required as Sepsis was to be replaced as a Clinical Outcome Indicator by a Falls indicator in 2023/24.

The Trust continues to locally audit the Sepsis Care Bundle compliance, although not report the data nationally following it being retired as a national audit.

Additional broader workstreams are currently underway which aim to positively impact on Trust clinical performance and the quality of service that patients receive. These include:

- COI improvement workstreams – this includes sending all clinicians Cardiac Arrest Survival Letters.
- Documentation audit (record keeping) work programme aligned to the PRDS data solution.
- Work programme to improve the paper patient clinical records (PCR) returns process.
- The 2024-25 period will also see the restart of Codestat (key CPR performance metrics data).

Finding out more

NHS England publish AQI statistics monthly and they can be found here: [Statistics » Ambulance Quality Indicators (england.nhs.uk)](#)[1]

Falls

In November 2022, NHS England advised no further submission was required as Sepsis was to be replaced as a Clinical Outcome Indicator by a Falls indicator for the 2023/24. The Falls Care Bundle Audit is still in the pilot phase and so no Trust/National performance measures are yet

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[1] https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/uk)

available. The Trust has submitted the necessary pilot audit data to the National Technical Sub-Group, it is anticipated that this will be rolled out in the next financial year.

Level 2 Audits

In addition to the Level 1 clinical audits, the 2023/24 annual audit plan initially contained 13 Level 2 (internal must do) audits. Capacity is reactive to the changing needs of the Trust, with in-year audit requests supported wherever possible, and prioritised using the standardised scoring system. Close working with Medicines Governance ensures PGD audits managed in line with the PGD review period and overseen via a separate tracker.

Over the year the team undertook a total of 31 audits. An additional five were deferred in year as summarised in the tables below:

Ref	Audit	Sit Rep	RAG
1	Safety of Discharge Decisions by ECAL (New audit)	In report writing	
2	Administration of Ketamine (PGD audit) Acute Behavioural Disturbance	Complete	
3	Administration of Anti-Microbials (9 PGD audits)	5 Complete / 4 In Approvals	
4	Administration of Calcium Chloride (PGD Audit)	Complete	
5	Administration of Diazepam (PGD audit)	In audit	
6	Administration of Ibuprofen (PGD audit)	In audit	
7	Assessment and Management of Patients Lacking Capacity (New audit)	Awaiting ePCR update to capacity module	
8	Best Interest Decision Making where a Patient Lacks Capacity (New audit)	Awaiting ePCR update to capacity module	
9	Falls attended by the CFR Falls Service (New audit)	Deferred by audit requester	
10	Airways Management in Cardiac Arrest (Re-audit)	In Approvals	
11	End of Life Care (Re-Audit)	Complete	
12	Sedation of the Agitated Patient (Re-audit)	Complete	
13	Assessment and Management of the Under 2s (Re-audit)	Complete	
14	Patient Care Delivered by Private Ambulance Providers (Re-audit)	Deferred pending providers to fully transition onto ePCR	
15	Heparin Sodium (PGD Audit)	Complete	
16	Magnesium Sulphate (PGD Audit)	Complete	
17	Penthrox Full Year Sample (PGD Audit)	Complete	
18	Administration of Ketamine (PGD audit) Findings of Interest	Complete	
19	Administration of Ketamine (PGD audit) Pain Management	Complete	
20	Administration of Ketamine (PGD audit) Post ROSC Care	Complete	
21	Administration of Ketamine (PGD audit) Procedural Sedation	Complete	
22	Supply of Paracetamol (PGD Audit)	Complete	
23	CFR Drug Administration Audit	Complete	
24	Spinal Injuries in the Elderly	Complete	

Action plans have been developed for each of the local clinical audits undertaken and are monitored by the Clinical Audit and Quality Sub-Group.

Level 3 Audits

Level 3 audits were requested by the Clinical Education department to support with the Key Skills curriculum.

Ref	Audit	Sit Rep	RAG
25	Bariatrics	In progress	
26	Drowning, Hypothermia and Mental Health	Audit Completed for Clinical Education	
27	Community Acquired Pneumonia Care	Data Provided	
28	Burns Re-audit	Not started	

Learning from Audits

The teams:

a) joined the national technical guidance committee for developing the new falls audit. This audit aims to improve care for elderly fallers.
b) participated in discussions regarding possible new national audits in respect of non-conveyance and end of life care.
c) expanded the feedback trial with Medway OU and clinical audit data for national audits is now circulated monthly across all Trust sites.
d) developed an audit dashboard sent to all OUs so they can identify non-compliant incidents and trends in non-compliance.
e) expanded the feedback project to send "Thank You" letters to all clinicians after their patient survives an Out-of-Hospital cardiac arrest.
f) continue to improve the Cardiac Arrest Annual Report. This year, it was sent to external audiences via the Communications Dept.

Clinical Audit and Medicines Governance have worked closely again this year to implement the following improvements:

a) Audit data has been used to inform the Medicines Administration module on Key Skills
b) A PGD audit tracker has been developed so that audits are available during the review phase of a PGD.
c) Audit has improved the wording of PGDs such as removing contradictory exclusions/inclusions, changing sedation management plans, and removing the ambiguous term "shocked" from post-ROSC PGDs.
d) Audit results highlighted the practice of seeking "Top Cover" to administer drugs outside of the PGD, leading to a reduction in non-compliance.
e) Audit highlighted that drug box labels were giving patients the wrong dosage information; the labels have now been changed.

Audit actions are added to a tracker with a due date and implemented with oversight from the clinical audit team. Some actions are owned outside of the team.

Working particularly closely with Clinical Education and Medicines Governance has ensured the highest risk non-compliance are addressed as priorities. There were 25 audit actions outstanding in this year, 20 of which have been closed. The remaining five actions are around the dissemination of audit findings and will be picked up by the newly recruited administrator once in post. New actions will be added as the 24/25 audits are approved and therefore this number will fluctuate throughout the year.

The Trust has continued to participate in the National Ambulance Service Clinical Quality Group (NASCQG) and liaising with its supporting Technical Sub-Group. This included represention on the Technical Sub-Hroup for the new Falls COI. The team have also started to form strong links with other individual ambulance trusts to discuss general issues affecting all ambulance services. The Trust is sharing information regarding patient outcomes for survival to discharge (OHCAO), patient transport times for STEMI reperfusion (MINAP) and Stroke thrombolysis (SSNAP) with partner organisations and acute hospitals across Kent, Surrey and Sussex.

Health Records

The Health Records team (now part of the Health Informatics team) process and validate key incident and clinical data from paper and electronic clinical records to facilitate the provision of accurate data to enable the auditing processes outlined earlier. This includes scanning, matching and validation of all paper Patient Clinical Records and all associated forms. Multiple in-year system outages (CAD and ePCR) resulted in an additional c40k forms for processing. These were largely managed within month, and there is no backlog with records processing.

New scanners were procured and configured at the end of 2023 to ensure successful integration of paper records and associated forms aligned to the PRDS project requirements.

The team supported the Private Ambulance Provider (PAP) migration onto the Trusts ePCR platform and continue to supply PAP records to the providers monthly for audit, investigation and assurance purposes.

Community First Responder Falls Forms have been developed and configured for scanning on the new systems, with a predicted go live date of 1st June 2024.

The extensive work undertaken previously to drive the accurate and timely completion and submission of records continues to be monitored and reported monthly.

Patient Related Data Solution (PRDS)

The changes in the volume and format of data since the introduction of ePCR generated the requirement for a holistic data solution (PRDS), integrating paper and electronic health records into a single repository matched to CAD data. A project group was established, a detailed specification developed, tendering and evaluation exercise completed, and contract awarded which commenced mid-January 2024. Termination of legacy contracts were completed end December 2023.

Since January 2024 the project team have worked through the configuration and implementation requirements of the new solution for health records scanning and validation functions as per Phase One. Monthly contract review meetings have been established and commenced early May 2024. Phase Two will focus on developing the audit platforms to integrate the national Clinical Outcome Indicators and Trust clinical audits onto the system.

Termination of the legacy contracts coupled with IT servers determined to be 'end of life', resulted in the need to back up a legacy data server to the Trusts central servers. As this involved the manual data transfer of c10m clinical records dating back to 2006, this was a significant data risk to the Trust. A robust project plan was developed and implemented to ensure both data integrity

and data security during the migration and up to the point of disk/server destruction. This was successfully completed during Q4 2023/24. A more detailed paper on this was reviewed in the May 2024 Information Governance Working Group, where assurance was confirmed.

ePCR Procurement

The teams were heavily involved in the specification development and procurement process for a new ePCR to ensure seamless integration of care records. This work has since been deferred pending internal review/refresh at Executive level aligned to the Trusts strategy.

Departmental Restructure

The teams underwent an internal review and restructure towards the end of 2023/24. The restructure enabled the merger of both teams into a single integrated Health Informatics Department responsible for the management and indexing of clinical records, collation and analysis of clinical quality data, delivery of clinical audit and clinical performance reporting for Power BI and other dashboards. Roles were reconfigured to enable the addition of established clinical support into the department to significantly enable and facilitate more detailed analysis of quality challenges and produce appropriate improvements, whilst also better equipping the design, quality and safety of clinical auditing and reporting. Following consultation, the new Health Informatics Departmental structures were operationalised on 1st May 2024.

Staff Engagement

The Trust is committed to providing opportunities for all its staff that are directly responsible for delivering patient care to participate in clinical audit. Colleagues across the Trust have been invited to submit clinical audit topics for inclusion in the annual plan and lead clinical audits with support from the Clinical Audit Team. All clinical audits undertaken had participation from an identified clinical member of staff.

Throughout 2023/24 the teams were supported by alternative duties clinicians, who were temporarily unable to fulfil their normal clinical duties. They provided clinical audit with additional clinician knowledge and served to expand their own knowledge of the work and benefits of clinical audit and health records management.

Health Records have been providing training for new staff as part of their induction and are currently writing/refreshing educational materials for the completion of electronic and paper PCRs to support new colleagues when joining the Trust.

The team continued to coordinate a 'thank you letter' sent to all clinicians whose patient survived a cardiac arrest. These survival letters have now been rolled out Trust-wide since early November 2023.

The clinician feedback trial piloted at Medway Operating Unit (OU) following the development and ratification of a detailed Data Protection Impact Assessment (DPIA) continued. The project focused on identifying areas of improvement by delivering clinical audit results at a local level. It included the production of a 'Year in Audit' pack displayed as posters, and audit compliance feedback to clinicians in their one to ones. The project has since been rolled out across the Trust. The team continue to work closely with Medway OU and this workstream will continue in 2024/25 as part of the Quality Improvement project discussed below.

The Critical Systems and Data Engineering Teams have reconfigured the Trusts data warehouse to enable audit reporting aligned to the Dispatch Desks providing relevant information for operational colleagues.

The annual Cardiac Arrest Report 2022/23 was developed and published. The 2023/24 report in now in development for publication in the coming months.

Following on from the work above, 'feedback to colleagues on the quality of PCR completion' has recently been identified as a priority for the Trusts 2024/25 Quality Account (Clinical Effectiveness domain). Patient Care Records (PCRs) are integral to safe and effective patient care, affording an opportunity to ensure safe transition of care across the patients care journey. The aim of this priority is to improve the quality of PCR completion, and support meaningful supervision to colleagues, aligned to the Trusts developing strategy.

Service Improvement

During 2023/24 a governance system continues to ensure actions and recommendations from clinical audits are:

a) Relevant at the time of creation.
b) Focussed on changing safety and effectiveness systems.
c) Entered onto a tracker, reviewed regularly and that evidence is gathered when a recommendation is complete.
d) Monitored and reviewed regularly through the clinical audit and quality sub-group.
e) Escalated through Trust corporate governance structures if failing to progress.

This year the teams scoped introducing a risk rating to ensure that audit results are contextualised, however this was not considered a useful addition and has since been reverted back to the previous process of discussing identified risks through the Clinical Audit and Quality Sub Group.

Individual feedback to operational managers continues to be provided should incidents of poor clinical judgement are identified during the clinical audit process. The team continue to escalate (via Datix) any incident identified that may have caused harm. Collaborative working with colleagues in Patient Safety resulted in the supply of clinical audit data to support the transition to the Patient Safety Incident Reporting Framework (PSIRF) and have incorporated, where possible, clinical audits into the 2024/25 annual plan that align to the five key themes.

New improvement workstreams that commenced during 2023/24 included:

a) COI feedback improvement work - to provide clinicians with feedback around COI
b) performance.
c) Documentation improvement work - to improve and enhance the current standard of patient clinical record documentation.
d) Contribution of data and plan for the re-initiation of code-stat feedback for the Cardiac Arrest outcome indicator.
e) Contribution of data to support and inform Research & Development projects and mortality reviews (Learning from Deaths).

Next Steps

The Team have a defined vision for what they aim to achieve through the work that they lead:

> "Saving lives and facilitating the best care, by sharing knowledge and experience across the Trust."

This vision drives the team's mission:

> "With our fingers on the pulse of the Trust, we promote learning by sharing knowledge, experience and evidence with staff and our public; so that we can deliver the best care and save more lives."

These statements drive the annual clinical audit and health records agenda. These will now be reviewed and refreshed during 2024/25 to accord with the Trusts new Strategic aims and associated values.

The development of the 2023/24 Clinical Audit Plan relied on the knowledge and insight held by teams and staff across the Trust. In Q4 of 2023/24 these teams were widely engaged to collect, triangulate, assess and prioritise the topics to be used in the development of the new annual plan for 2024/25.

The most transformative change in 2023/24 has been the procurement and development of technology to deliver core processes and drive improvements in patient care and performance. That, coupled with the revised new structures both provide a robust infrastructure that equips the new department to commence driving the focus of clinical auditing, performance management and service improvements in patient care across the operational teams at a more localised level in 2024/25.

END

Appendix A – Abbreviations & Glossary

ACQI	Ambulance Clinical Quality Indicator	A national measure of quality for ambulance services.
BI	Business Intelligence	Data analysis process that organizations use to gain insights into business performance
CAD	Computer Aided Dispatch	A method of dispatching resources aided by a computer tool
CAP	Clinical Audit Plan	The annual programme of clinical audits carried out in the Trust.
CAQSG	Clinical Audit and Quality Subgroup	The Trusts clinical audit review group
CGG	Clinical Governance Group	The parent group of the CAQSG
COI	Clinical Outcome Indicator	A national measure of patient outcomes for ambulance services.
CPD	Continuous Professional Development	The intentional maintenance and development of the knowledge and skills needed to perform in a professional context
ECG	Electrocardiogram	A test that measures the electrical activity of the heartbeat.
ePCR	Electronic Patient Care Record	An electronic record of the care delivered to a patient.
GTN	Glyceryl Trinitrate	A medication to reduce strain on the heart and improve blood supply to heart muscle.
JRCALC	Joint Royal College Ambulance Liaison Committee	Consensus group that sets ambulance clinical guidelines.
MINAP	Myocardial Infarction National Audit Programme	National audit of care for patients suffering a heart attack.
NEWS	National Early Warning Score	A system used to score severity of a patient's illness.
NICE	National Institute for Care Excellence	National organisation that sets the standards for care.
OHCAO	Out of Hospital Cardiac Arrest Outcomes	A national registry of all out of hospital cardiac arrests.
OU	Operating Unit	An operational area within the Trust
PGD	Patient Group Direction	An instruction that allows clinicians to administer medication without the authorisation of a prescriber.
PCR	Patient Clinical Record	The written record of the care delivered to a patient.
QI	Quality Improvement	A systematic approach using specific techniques to improve quality
QPSC	Quality and Patient Safety Committee	A Sub Committee of the Trust Board
ROSC	Return of Spontaneous Circulation	Return of a pulse after cardiac arrest.
SECAmb	South East Coast Ambulance Service NHS Foundation Trust	The Trust
SI	Serious Incidents	An incident that has caused moderate or severe harm to a patient.
STEMI	ST Elevation Myocardial Infarction	A certain type of heart attack